

Case Number:	CM15-0199743		
Date Assigned:	10/14/2015	Date of Injury:	06/05/2014
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old female, who sustained an industrial injury on 6-5-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right dorsal forearm synovitis and tenosynovitis, cervical spine disc protrusion, bilateral wrist-hand sprain-strain, lumbar disc protrusion, and cephalgia. On 9-8-2015, the injured worker reported right hand and proximal wrist pain with pain level from 6-8 out of 10, with pain radiating from the wrist to the shoulder and bilateral upper extremities, with finger numbness. The Primary Treating Physician's handwritten report dated 9-8-2015, had some difficult to read notations. Prior treatments and evaluations have included bracing, physical therapy, acupuncture, chiropractic treatments, shockwave treatment, an electromyography (EMG)-nerve conduction study (NCS) of the right upper extremity consistent with muscle spasms, a Functional Capacity Evaluation (FCE), and medications including Tylenol. The treatment plan was noted to include acupuncture and topical pain medications. The prescribed topical medications were not identified. On 6-16-2015, the treatment plan was noted to include topical ointments to the right forearm, with the prescribed topical ointments not identified. The injured worker's work status was noted to be to return to modified work. The request for authorization was noted to have requested Flurbiprofen 25%, Lidocaine 5% in Lipoderm base 30g and Flurbiprofen 25%, Lidocaine 5% in Lipoderm base 60g. The Utilization Review (UR) dated 9-28-2015, non- certified the requests for Flurbiprofen 25%, Lidocaine 5% in Lipoderm base 30g and Flurbiprofen 25%, Lidocaine 5% in Lipoderm base 60g.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen 25%, Lidocaine 5% in lipoderm base 30 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. The claimant was also provided a non-specific oral NSAID. Physical exam was not detailed. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The request for Flurbiprofen 25%, Lidocaine 5% in lipoderm base 30 g is not medically necessary.

Flurbiprofen 25%, Lidocaine 5% in lipoderm base 60 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. The claimant was also provided a non-specific oral NSAID. Physical exam was not detailed. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The request for Flurbiprofen 25%, Lidocaine 5% in lipoderm base 60 g is not medically necessary.